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ABSTRACT

This booklet gives detailed accounts of mental health programs in operation around the nation. A total of nine different types of activities is included. "Helping Children" describes a program whereby students from nearby colleges give troubled children, at home, an experience in friendship by serving as big brothers or sisters. "Helping the Troubled" gives an account of various projects conducted at clinics to give patients counseling and other individually tailored instruction. "Helping Young Adults and Families" describes projects in which citizens serve as probation aides to a court, which assigns a counselor to each minor offender, and as substitute parents for troubled youngsters. "Helping the Elderly" relates how volunteers help elderly neighbors by visiting them in their homes and in nursing homes and by running a sheltered workshop. In "Senior Citizens Volunteer," an account is given of projects involving elderly and retired volunteers in community service. "Emergency Telephone Services" discusses these 24-hour services that are manned in more than 150 areas in the United States as part of suicide prevention programs. "Community Involvement Programs," "Citizen Action on Drug Abuse," and "Helping Alcoholics" describe various community service programs. (CK)

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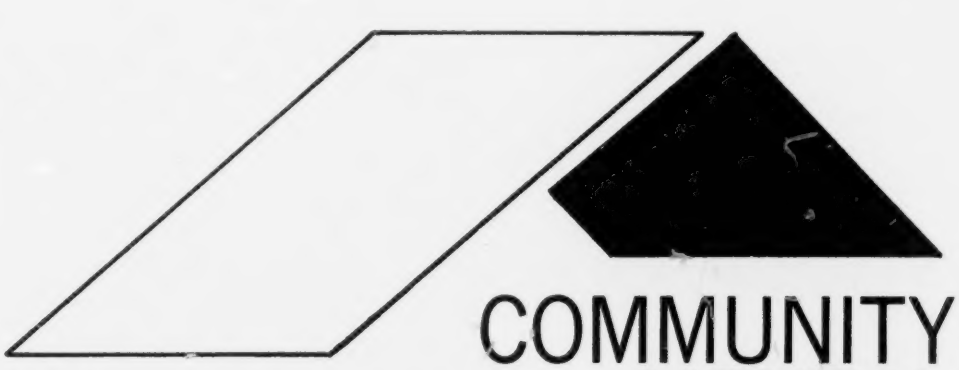

Volunteers in COMMUNITY MENTAL HEALTH

NATIONAL INSTITUTE OF MENTAL HEALTH
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VOLUNTEERS CAN HELP children • adolescents • the elderly • ex-hospital patients • alcoholics • drug addicts • daycare patients • families with a sick child or parent • programs in schools, PTA's, churches, courts, mental health associations, and other organizations.

VOLUNTEERS CAN HELP tutor children • serve as big brothers or sisters • assist in art, music, and recreational activities • teach special courses • lead group discussions • organize and lead special trips and projects for patients • work as case aides • adopt a patient • serve as language interpreters • serve as probation aides • assist in publicity • organize social clubs for former patients • serve on advisory councils and mental health boards • serve on legislative committees • aid community education projects • assist in community outreach programs • assist in psychological testing • assume clerical duties • provide babysitting services • help fund drives.

VOLUNTEERS MAY SERVE IN a community mental health center • local hospital • State hospital • social services agency • rehabilitation agency • halfway house • nursing home • State mental hospital • emergency telephone service • thrift shop • clinic • daycare program • school or other community project • local mental health association.

Public Health Service Publication No. 2071

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A Word to Volunteers

If you want to make a personal contribution of service to your community, and have no special training in mental health, this guide to volunteer services in mental health programs is primarily for you.

The current development of community mental health centers and other community-based mental health programs has opened up challenging new opportunities for volunteers. While volunteer services for patients in mental hospitals are still needed and highly important, the great growth in community mental health services affords opportunities for service close to home.

Today's community-based facilities have come about through advances in knowledge and techniques in treating the mentally and emotionally ill. Many people can be helped to recover and to lead more satisfying and productive lives. Volunteers not only supplement professional staff in providing the needed services, they also add the invaluable ingredient of community caring and concern.

Many who are willing and eager to contribute service to their community may typically say, "I want to help, but I'm afraid I have nothing to offer."

Yet, everyone has some skill that can be put to use to further mental health for others. In many towns and cities across the country, housewives, students, businessmen, men and women in many occupations, and retirees are enlisted in the cause. Whatever your abilities, such as cooking or typing, or your hobbies, such as photography or painting, or your interests, such as current events or foreign languages, your help can be very meaningful to people who are being cared for in a hospital, a daycare program, a clinic, or a community mental health center. Patients living at home are not isolated as are hospital patients tradi-

tionally served by volunteers. But they all have in common the need to feel cared for, the need for resocialization, for learning, for a sense of participation and belonging that comes with group activities and involvement in projects such as art, music, crafts, dancing, discussion, and sports. Your help can be a crucial factor in enabling someone to remain in the community and grow well.

Indeed, even if you have nothing more specific to offer than a commitment to helping, a warm kindly feeling for people, the very gift of yourself can have unique therapeutic worth for the men, women or children you assist.

Or you may choose to help your local mental health program through a service other than working directly with patients. In Alexandria, Virginia, a retired management consultant helped the mental health center's Director of Volunteers reorganize and streamline her department. In New Orleans, Louisiana, retirees mapped out their center's service area. In some communities, trained volunteers help with special reading classes in the schools. In others, local mental health associations operate volunteer programs which offer assistance to centers in various activities.

Opportunities for work in community mental health are now broader than ever before. Under the national community mental health program, new preventive services are being developed in many localities. The work of mental health centers with schools, with the courts, with churches, and with other community organizations and agencies now offers the volunteer —no matter what his age or inclination—new and fascinating ways to contribute to community betterment.

We recognize that volunteering for service is just one of the ways thousands upon thousands of Americans have become involved in bettering their community's mental health. Many community mental health programs would not even exist were it not for the dedication and support of many citizens. Citizens serve on mental health boards and in voluntary and civic organizations. They help develop programs, raise funds, support legislation, construct facilities, furnish equipment, and serve on citizen advisory councils which help assure that mental health programs are responsive to community needs.

Furthermore, the support and understanding of concerned citizenry is helping to bring to an end the prejudice and discrimination which too often surrounds the mentally or emotionally ill.

While this booklet is not intended as a comprehensive guide, we hope that it may suggest to you, as a potential volunteer, ways in which you can make a stimulating and rewarding contribution to your community.

You may contact your local mental health association, mental health center, Volunteer Service Bureau, or other community service agency to find out about programs in which you may serve.

ACKNOWLEDGEMENTS

Many State and local programs employ a special staff member to administer and develop volunteer projects, and recruit and train volunteers. This is the Director or Coordinator of Volunteer Services.

This publication was prepared with the cooperation of the American Association of Volunteer Services Coordinators. The committee for this project was Miss Magdalen Fuller, President, AAVSC, Fort Wayne, Indiana; Mrs. Catherine M. Nicholson, Director of Volunteers, Alexandria Community Mental Health Center, Alexandria, Virginia; Mrs. Jacqueline K. Phillips, Director of Volunteers, Department of Psychiatry, New York Hospital-Cornell Medical Center, Westchester Division White Plains, New York; Miss Jane Phillips, Chief, Volunteer Services Program, Illinois Department of Mental Health, Chicago, Illinois; Mrs. Hazel P. Riback, Director of Volunteers, Mid-Missouri Mental Health Center, Columbia, Missouri; Mrs. Barbara Veneris, Former Coordinator of Volunteers, Area C Community Mental Health Center, Washington, D.C.; and Mrs. Jane M. Williams, Director of Volunteers, Madison State Hospital, Madison Indiana (Chairman).

Community programs interested in the use and planning of volunteer services may write to the American Association of Volunteer Services Coordinators, 18 South Michigan Ave., Chicago, Ill. 60603.

HERBERT L. ROONEY, Chief,
Citizen Participation Branch
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National Institute of Mental Health

Helping Children

Students from nearby colleges give troubled children, at home, an experience in friendship by serving as a big brother or sister. The project, reported by the Winooski Family Consultation Service, Montpelier, Vermont, has proved especially helpful for young children.

"Jackie is a lonely boy, I think he needs a friend," a welfare worker tells the Winooski Service staff. A teacher reports: "Sue is an under-achiever. She's the youngest of a large family, who all constantly tear her down. If one of your student volunteers could help her to feel better about herself, I'm sure her school work would be better, too."

The professional staff of the Service is small. Emphasis is on diagnosis of problems, and consultation with individuals such as welfare workers, teachers, public health nurses and clergymen, who are in a strategic position to spot and deal with mental health problems. In this rural area, the volunteer college students who give troubled children a therapeutic experience in friendship perform a valuable service.

The project—under professional supervision—seems simple, but its effects can be profound. A volunteer does not "give insight" or counsel the child or interpret his play or work with his parents. He or she serves as a reliable, concerned friend who comes to the house weekly to visit or to go on a trip to a fire station, a bank, a store, or library. Sometimes the volunteers and "their" children meet for cookouts or other special events which provide new experiences for the socially deprived child.

Most of the children come from low-income families. Many are on welfare, which is more of a stigma in a small town than in a large city where

others in the neighborhood are likely to be on welfare, too. Even if traditional office therapies were available at the Service, they might not be used by disorganized, often fearful families, unable to cope with their children's emotional problems. There are also the difficulties of getting babysitters, and transportation.

A staff member discusses the student's assignment with him, then goes along to introduce him to the family. The young volunteer, who responds spontaneously and enthusiastically to the children, usually becomes a very welcome family friend.

The volunteers are more successful with elementary school children and preschoolers than with teenagers who are closer to them in age, the center reports. Also, acutely disturbed, severely acting-out children tend to be too much for them. Typically, the children referred are quiet, pathetically withdrawn, and crushed by feelings of inferiority. Most come to attention because of poor school adjustment or performance. Some are noticed by social workers visiting their homes. Every other month the student volunteer confers with a staff member. In the meantime, if there is a pressing problem, he gets in touch with the agency Director.

In the light of present knowledge, there is no specific preventive for mental or emotional illness. But if a troubled child can be helped to acquire some feeling of personal worth and self-esteem, he is less likely to become a troubled adult.

✔ *Students serve as tutors for children who are failing in their school work and have social and emotional problems.*

High school or college students interested in volunteering should contact their school counselor or student information service, local mental health association, or social service agency. In many colleges, students may apply through volunteer programs for community service.

At the Prince George's Community College in Maryland, for example, a volunteer program was undertaken with consultation from the NIMH Mental Health Study Center located in the County. High school students living in a disadvantaged neighborhood were trained to tutor elementary school children who were failing in their studies. Consultation was also given to students at the University of Maryland who volunteered to teach and befriend high school students who were failing in their school work and had other problems.

✔ *Volunteers who live in the rural communities served by the Northeast Kingdom Mental Health Service in Vermont help the center's work with children and families.*

A volunteer-run thrift shop near the community mental health center in the town of Newport donates proceeds to the center and helps outfit youngsters who need school clothes. When a welfare worker, public health nurse, or clergyman finds a child who needs clothing, it is provided from a used clothing collection. Volunteer committees coordinate community services. They know who can be called upon to babysit while a mother is at the center, and who can drop in to pay a visit to a mother who has returned home from a mental hospital, to offer help.

Teachers refer children with classroom adjustment problems to Child and Family Mental Health Services, Lewiston, Maine. Volunteers hold play sessions after school hours.

Lewiston, Maine, has had an influx of Spanish-American labor from Texas without adequate preparation for solving the ensuing social problems. Among these are children who show disturbed classroom behavior because of language and other difficulties. Teachers in the eight elementary schools of the area served by the Lewiston Child and Family Mental Health Services, who cannot give all the individual attention needed, are enthusiastic over volunteer help.

Teachers report cases to the CAFMHS social worker who is school consultant. Each volunteer is assigned a particular child with whom she works for at least a year, three hours a week, in the school setting. Although a kind of tutor, she is not really, for she helps with studies only upon the child's request. The sessions are primarily for play.

For each school CAFMHS supplies boxes of toys and other materials selected for their therapeutic value. Some volunteers provide their own materials, and teachers, too, offer materials and suggestions. The schools provide space after school hours, sometimes by way of simple wooden dividers in lunchrooms, and school equipment such as tape recorders, books, and records.

One might think that children would not like staying after school. But a questionnaire to teachers revealed that every single child looked forward to the sessions. "He is disappointed if his lady does not come." "He watches the clock for the time his lady is due, and brightens when she arrives," they report.

Most important for the child, therapeutically, is that he has a personal relationship with someone who likes him, gives him undivided attention, praises and encourages him, and makes him feel important. The volunteer listens to him talk about his interests, plays games with him, reads to him or has him read to her, encourages him in crafts and other projects, and exposes him to new experiences like the library or bowling or circus; in short, does anything with him that intelligent middle-class parents ordinarily have time to do with their own children. Periodically the volunteers meet with the school consultant.

More than half the children in the first year of the program improved in their school work, behaved better, were friendlier and happier, had a better attitude towards school, and had more self-confidence. Teachers and principals wanted to continue the program. So did the volunteers, who without exception reported readiness to work again for another year, and with the same child, if he needed further attention.

Children of normal intelligence but with perceptual motor difficulties are tutored in remedial reading by trained volunteers at the Greater Lawrence Guidance Center, Lawrence, Massachusetts.

In any good community mental health volunteer program, volunteers are given orientation and any needed training. At the Greater Lawrence Guidance Center, Lawrence, Massachusetts, volunteer tutors of children with "perceptual disability" get longer and more technical training than most. Perceptual disability is a complex handicap that occurs when the

brain does not properly arrange and interpret the sensory stimuli it receives, although eyes see, ears hear, and intelligence is normal.

A large proportion of such children are referred to the Center because of school failure. They tend to have difficulties particularly with language, spelling and writing; may reverse letters within a word, reverse words, write backwards, or skip lines. General awkwardness and clumsiness in writing are also typical. Highly specialized remedial teaching that makes use of phonics, letter or word cards, prisms, or devices to further motor coordination, and other techniques help many perceptually handicapped children improve greatly.

Secondary emotional problems can result from reading frustrations. Parents, too, may feel frustrated and guilty, wondering what they may have done wrong when Tommy who has an IQ of 125 and gets A in arithmetic, cannot spell. The Center found that prolonged psychotherapy helped some children seem better adjusted, but they still had difficulty spelling and writing. In the case of one 11-year-old, psychotherapy seemed to worsen the situation. His already upset parents felt guiltier than before, which delayed the treatment the boy actually needed—remedial tutoring for his severe motor disability.

Volunteers work with the children individually and in groups. Frequently, personal interest, warmth, and understanding of the child's problem is of therapeutic value in itself.

Under psychiatric supervision, staff and volunteers meet with the children's parents for group education. When the parents learn the true nature of their child's trouble, they are less critical, feel less guilty, and have the impetus to work for school programs for children like theirs.

Gradually, too, the program alerts the community to the fact that, as a preventive measure, preschoolers should be tested for perception disability, which usually shows up early. Among the symptoms are uneven development, delayed talking, motor handicaps like the inability to tie shoelaces at the usual age, persistent stuttering, or lisping.

Preferred volunteers have had some education beyond high school, and some teacher training or experience. But the main criterion is experience with children in a family or other group. A dental hygienist who enjoyed teaching children good dental care, for example, became an excellent remedial tutor after being trained. A music teacher developed exercises for preschoolers in gross motor activities and rhythmic handwriting.

Tutor-Mothers trained to use a special reading method improve the reading levels of young school children who have learning problems, in a school program sponsored by Maimonides Community Mental Health Center, Brooklyn, New York.

Teachers refer children with severe reading problems to a learning rehabilitation specialist at the Maimonides Community Mental Health Center. Since emotionally troubled and troublesome children in the classroom frequently have learning problems, authorities agree that help in improving his reading skills can boost a child's feeling of confidence and achievement, and bolster his self-image.

Because this can involve many children in a large school system, volunteer tutors were recruited through a local PTA. The project was tried first in

one school with such success that it was set up in 12 more. Starting with a group of 16 mothers, the program grew to more than 150 volunteers.

The parents were not expected to diagnose or treat the various kinds of reading problems with which children can have difficulty. Those tutored by the volunteers were selected as having a particular kind of reading problem with which they could be helped, namely, trouble with word-attack.

A specially designed reading method was devised by the center's learning specialist for use by the volunteers.

The specific technique and its application to the problem of word-attack was learned by the volunteers in three one-hour training sessions. Throughout the school year, they then met once a week with the learning specialist to discuss problems and progress. The children are tutored twice a week for one hour during the school day, with the result that their reading is improved. Furthermore, the tutors report fresh insight toward their own children.

✔ *In a Handicapped Children's Program, run by the Citizen Participation Branch of the Eastern Montana Regional Mental Health Center, volunteers in several small towns provide activities for emotionally disturbed and mentally retarded children.*

Every mother of a child who is brain-damaged, mentally retarded, or emotionally disturbed, knows the anguish in having no place for him to go for activities with other children. Until recently, in sparsely settled Eastern Montana, there was no resource for youngsters not admitted to the State school and not within reach of special school classes.

Now, thanks to volunteers, and without outlays for special facilities and teachers, the area's handicapped children are getting helpful attention.

Under the guidance of the regional mental health center in Glasgow, the Handicapped Children's Program operates in several communities. The crux of each community program is a volunteer Community Coordinator, who acts as a clearinghouse for information, recruits other adult and teenage volunteers, and arranges for registration. She also serves as a link to the mental health center. When, for instance, she detects a need for psychological testing of a child, she contacts the center's Citizen Participation Branch. From center staff, she receives any needed advice and consultation. Anyone who recognizes that some mentally or emotionally handicapped child needs the help of a volunteer—whether a neighbor, teacher, or parent —can telephone the Community Coordinator.

Group activities for the children are organized and held in church buildings, and in a civic center. Various community organizations and businesses have donated toys, games, records, arts and crafts supplies, gym equipment, and books. The volunteers teach the youngsters what they can, and take them on excursions to the movies, the library, the county fair, a place where they can swim, etc. By having these normal experiences of normal youngsters, they can feel less imprisoned by the dark and lonely world of their own difficulties.

✔ *"Big brothers" and "big sisters" for disadvantaged boys and girls foster mental health and help prevent potential problems in Rochester, New York.*

In an Outreach Program of the Rochester Mental Health Center,

Children and Youth Division, a group of community-minded people was organized to seek volunteers to serve as big brothers and sisters for disadvantaged children in need of proper models and adult companions.

The center also uses volunteers to help in rehabilitation programs for children under treatment. This is known as "companion therapy," under the guidance of professional staff.

✔ *Volunteers are trained to do psychological testing, to serve as casework aides, and to provide other services for children at Children's Memorial Hospital, Child Psychiatry Division, Chicago, Illinois.*

After being trained by a psychologist, volunteers do psychological testing, score and assess test results, and write behavioral reports. They also serve as research assistants, help with group activities for retarded children, give educational puppet shows, assist caseworkers as aides, and serve as substitute mothers to maternally deprived children requiring long hospitalization. (Volunteers Aid Staff Efforts in Child Guidance Clinic: Schulman and Poole, *Auxiliary Leader,* 9 (10): 7–10, 1968).

✔ *Volunteers serve as social worker aides in Portland public schools.*

A Social Worker Aide Program (SWAP) was sponsored jointly by the Mental Health Association of Oregon and the Special Services Department of the Portland Public Schools. When a cutback in a school tax levy greatly reduced the school social worker staff, the mental health association obtained funds from a private foundation to recruit and train volunteer social worker aides. Each volunteer was assigned to work with a school social worker. Volunteers contacted parents, tutored children, met regularly with children needing guidance, provided secretarial help and transportation, interviewed parents and children for a summer camp program, and babysat for mothers meeting with social workers. The project has been adopted as part of a larger program, Volunteers in Portland Schools.

✔ *Junior college students volunteer in play activities for children in Thief River Falls, Minnesota public schools.*

Northland State Junior College students, serving as volunteers in the public schools of Thief River Falls, direct play activites for groups of four to six children who have had difficulty adjusting to elementary school. The program's purpose is to reach students with adjustment problems at an early stage. Activities are conducted during school hours and on school grounds, and include crafts, quiet games, hikes, woodwork, and playground games. The program is directed by the group work consultant of a regional mental health center and the elementary school social worker. (Reported in *Children*, 15(6): 225–228, 1968).

✔ *"Teacher-moms" help disturbed pupils in various communities in programs adapted from Elmont, New York public school project.*

Volunteer "teacher-moms" are trained to work with children who cannot progress in a regular classroom. They help the troubled children on a one-to-one basis and in groups. In Elmont, the city's Jewish Center provides classroom space, the Board of Education supplies transportation, teacher supervision, psychiatric consultation services, and books and sup-

plies. Other communities have adopted similar programs, for volunteer work with disturbed or retarded children.

✔ *Volunteers serve in HAPPY, a Hospital Activity Play Program for hospitalized children, developed by the NIMH Mental Health Study Center in Prince George's County, Maryland.*

A program started in 1967 by a staff psychiatrist of the NIMH Mental Health Study Center developed a "therapeutic milieu" on the pediatric ward of the Prince George's County General Hospital in Cheverly, Maryland. Participating were 15 to 20 volunteers who comforted and played with the hospitalized children. The project proved so beneficial to the overall atmosphere of the ward, it is being continued by the hospital. Between one and three p.m. and between seven and nine in the evenings, volunteers read to the children, play quiet games, soothe and comfort them when parents leave, and try to relieve their feelings of a big and lonely hospital, which can be a frightening experience for children.

To find out about helping children in your community, contact your local Mental Health Association, Neighborhood Center, Settlement House, Mental Health Center, Social Service Agency, or Volunteer Service Bureau.

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Helping The Troubled

✔ *In "Project Promise," the volunteer program at the Alexandria (Va.) Mental Health Center, activities are scheduled according to the patients' needs and the volunteer skills at hand.*

The center's active volunteer program, supervised by a professional Director of Volunteers, provides something therapeutic by "someone who cares." Many of the adults treated at the center have come out of mental hospitals and, usually insecure, often lonely, need some help, activities, and support to keep from going back.

Volunteers lead classes in art, music, dance, carpentry, crafts, cooking, sewing, needlework, etc. to help give patients a sense of achievement and belonging. Activities are tailored to meet the individual needs of each patient. For example, a class in photography was offered at the patients' request, and the volunteer is on call if the course is desired again. For one group of patients, all college graduates, a State Department official was enlisted to lead discussions of current events.

✔ *Volunteers help patients and their families as part of planned treatment at the Salt Lake City (Utah) Community Mental Health Center.*

The center's Director of Volunteer Services assigns volunteers to develop relationships in the community with certain outpatients and their families. Psychotherapy, of course, is exclusively in the hands of professionals; the value of the volunteers' work is adjunctive. The entire staff meets monthly with the volunteers as a group and, whenever necessary or desirable, a staff member discusses individual assignments.

The successfully concluded case of Mrs. J., a patient at the mental health center, is an example. A young, distraught divorcee with three small children, she had no nearby relatives to whom to turn. Her therapist at the mental health center aimed to deepen Mrs. J.'s understanding of her conflicts about marriage and her children. But there was a practical problem. The patient lived far from the center and had no car. The volunteer's initial assignment was simply to provide transportation and, if needed and convenient, to give the family additional time.

She took the whole family in her own car for each appointment. Not only did everyone take to her as a friend during the hour-long rides, but her observations were valuable to center staff. Even after Mrs. J. was able to provide her own transportation, the family still wanted to see the volunteer, who had become like a favorite aunt. She helped Mrs. J. cope with the children and encouraged them in their school work. She encouraged Mrs. J. to stay in treatment, helped her move, etc. Later, settled in a new home and job, Mrs. J. was ready to begin a new life. The volunteer had been a healthy model. Now Mrs. J. kept in touch with her as a friend.

A volunteer greets new patients at the Tulsa (Oklahoma) Psychiatric Clinic, in one of many services performed by a volunteer corps.

"We couldn't achieve our objective of prompt, effective treatment without our corps of volunteers," reports the Director of the Tulsa Psychiatric Clinic. "It would be impossible to train enough professionals as replacements, even if we could pay for them." Basic to the success of the volunteer program are the mutual respect and thorough cooperation among staff and volunteers.

The clinic, for people who cannot afford private psychiatrists, is financed by the Tulsa Psychiatric Foundation. Originally the volunteers, mostly women with teenage or grown children, were fund raisers for a new clinic building. Once it was dedicated, they acted as guides for visitors. But as often happens after a new facility is launched, a letdown occurred. There was not enough to challenge the dedicated, intelligent women who had helped bring the Clinic into being. With the encouragement of the Director, the fund-raisers organized themselves as a self-governing Junior Board that now includes more than 100 member volunteers. They have no fund-raising nor routine clerical responsibilities. Occasionally they arrange for publicity, but otherwise, intensively and extensively, they work directly with patients.

The volunteer, identifiable by an attractive aqua uniform—staff members wear street clothes—is the first person a new patient sees after a brief contact with a receptionist. She greets him graciously, tells him "I am Mary Jones, a volunteer" and helps him fill out the necessary application forms for treatment at the clinic.

Next, having had brief but adequate training, volunteers administer simple psychological tests, the results of which are promptly submitted to a psychologist for interpretation and then sent along with the application to a psychiatrist. This procedure avoids delays, and the patient is seen the same day for diagnosis and a recommended plan of treatment.

Patients who need intensive treat-

ment and might have required hospitalization were no community facility available, go to the Day Treatment Center. Each volunteer serves in the day care program at least one day a week. A new group of patients is admitted every two weeks. On their first day volunteers explain the schedule, show them the Clinic's facilities, and lunch with them. The next day, the new patients meet the other patients at a social "coffee" whose therapeutic objective is to kindle interest in others. Therapists, volunteers, and patients mingle at these get-togethers.

Volunteers are with the patients during psychodrama sessions, occasionally taking roles in the "plays." In group therapy sessions they may be active participants, depending on the preference of the therapist. Or they may interpret a patient's questions, or let the therapist know how a patient seemed to feel that day. In these sessions, volunteers may also act as recorders, a task usually reserved for professionals. If a patient becomes overly disturbed, perhaps it is a professional, perhaps a volunteer who leads him out of the room and either calms him down or sends for a doctor. Informality prevails. Patients in group therapy sit, sprawl, or lie down as they please. Everyone is on a first-name basis.

Asked if it isn't tiring to be with seriously sick mental patients all day long one volunteer replied: "Yes, but it's such a good kind of tiredness, because you feel you had a part in helping. You also gain so much yourself in understanding of people, which helps you with your own family."

Treatment at the Clinic may be for whatever period of time the patient's needs appear to indicate, but no patient may remain in the Day Treatment Center for more than two months. Some no longer under treatment in the Day Treatment Center are chronically troubled people with little social life. Volunteers help them through a social and activities group called SCAT—Socialization, Communication, Activities and Tasks—which meets daily.

The Junior Board has its own officers, rules, and regulations. Each new volunteer, although initially screened by the Junior Board and staff, must be personally known to the volunteer who recruits her. She must pledge "My attitude toward volunteerism will be professional" which, of course, includes confidentiality. She must undergo a course of training through meetings with staff and an apprenticeship with another volunteer. She may not become so personally involved with patients that she sees them outside Clinic-sponsored activities. If they find out her telephone number (which she does not give them) and call about a problem, she refers them to the therapist or suggests they discuss it in group therapy. The Junior Board asks staff where volunteers are needed and places new ones, with staff consultation, where their skills and personalities best fit. When a volunteer cannot meet her scheduled assignment, she is personally responsible for securing a substitute.

Patients sometimes wonder "Why do they work so hard without getting paid?" There is an answer in what one volunteer reported as her most rewarding experience: A patient, about to be discharged, told her "I never could have made it without you!"

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Volunteers serve as mental health counselors at the Southern California Counseling Center in Los Angeles, a clinic where hundreds of people go for help.

When a person has problems, he can walk into the four-year-old Southern California Counseling Center and tell his troubles to volunteers who are lay counselors selected, trained, and backed up by professionally trained psychiatrists and psychologists. The center is staffed by 80 volunteers, with 20 professionals on call for consultation and advice.

Two-thirds of the volunteers are women, mainly middle-class housewives, who are chosen by criteria used in an NIMH study for training mental health counselors. Among the men who have volunteered are clergy who also serve on the center's Board. The psychiatric director of the center states that as long as a volunteer is backed up by professionals who instruct and observe and offer help—any person can provide counseling who is open, sensitive, capable of listening, noncondemning, and has a sense of perspective.

Counselors commit themselves to one day or one night a week of service. They attend supervision sessions once a week, and week-end workshops monthly.

The center, in the inner city of Los Angeles, sees everyone from ghetto poor to college students, at fees ranging from zero to $10 an hour, without appointments and up to midnight. Regular weekly appointments are then set up, and, if necessary, can continue for a year or more. People are referred from other agencies or come in directly themselves.

An urban community mental health center recruits neighborhood volunteers who are indispensable in helping patients of different ethnic backgrounds.

In the volunteer programs of the Maimonides Community Mental Health Center in Brooklyn, New York, the volunteers who help tutor children at schools, as described earlier, are joined by many others who perform vital services. While the tutoring is mainly preventive, work at the center helps patients toward recovery.

Maimonides serves the Boro Park section of Brooklyn where incomes range from lower to middle class, and the population is highly diverse. Its patients come from 17 different countries. Many are long-settled. Many recent are Puerto Rican and Negro residents.

The proportion of old people in the area is unusually high, about 25 percent. Older inhabitants remain by choice or necessity, while younger residents tend to move away. Puerto Rican immigrants often bring many relatives along. Yet far from being frustrated by such demographic variety, the center puts it to constructive use. Volunteers are recruited through a far-flung community program which includes not only the usual kinds of publicity, but also discussion groups that meet in churches, synagogues, schools, and even empty stores. Usually, such groups are professionally led, but it is a natural step for active participants to consider applying for volunteer service.

What they do is almost as varied as the kinds of patients and families they help. Some, who speak Spanish or Hebrew, act as interpreters; one volun-

teer persuaded a patient to teach Spanish to non-Spanish patients.

Volunteers in the Day Hospital section of the center, where treatment is limited to three months, work mostly with activity groups, but also serve individual patients and their families. Like staff, they wear no uniforms, on the theory that "people are people" whether professionals, volunteers, or patients. They are considered members of the treatment team.

Volunteers serve as friendly visitors to patients, and escort them on shopping and other trips. Their interest is particularly welcome to the patients, demonstrating as it does that someone personally cares about what happens to them.

A volunteer might also be assigned to work with a patient's family. There was, for instance, the case of the young girl who had been in and out of mental hospitals most of her life. The mother with whom she lived felt hostile toward the professionals who had failed to cure her daughter and unconsciously hostile toward the girl. Yet, without the mother's cooperation there was little hope of her making gains. Gradually, a volunteer, who visited the girl in a neighborly way, won the mother's confidence and persuaded her to talk with the center's staff.

An Israeli-born young woman, educated in the United States, affords another striking example of neighborhood help. In the Orthodox Jewish culture, she reported, mental illness is considered such a "shame" that families are reluctant to seek psychiatric help. "But they will listen to me, because they know I am one of them," she said. "And if *I* volunteer at the center, they think it may be not so bad, after all." More and more the members of the local Orthodox community call her when problems arise. One woman who agreed to undertake psychiatric treatment after talking with the volunteer, later served as a volunteer at the center herself.

Puerto Rican residents also have a cultural block against psychiatry, and very few are involved with the center either as patients or volunteers. As a first step in winning them over, the center started a storefront discussion group for mothers, led by a Puerto Rican staff member. The mothers grew interested in the work of the center, and several volunteered to help with others of their ethnic background.

Some volunteers work in the community as "case aides" for patients selected by their therapists. Case aides act as friendly visitors, with the plus of professional direction. If a patient does not show up for an appointment, or needs a job, or has a family crisis, the case aide may be able to help out, or report the difficulty to the therapist. In any case, the therapist always advises the volunteer as to what the specific objective of each visit is to be.

Volunteers also participate in patients' weekly group meetings known as "TP" or therapeutic. Led by a clinical psychologist, these consist of a core group of six to eight chronic patients, other aftercare patients, and two or three volunteers. A patient's attendance is suggested by staff but is not obligatory. Several patients have part-time outside jobs. One woman, since attending the group meetings regularly, has stayed out of a hospital longer than she ever had before.

A meeting may begin with someone, patient or volunteer, telling 'what happened" or "what I did" over the weekend. Talk may become personal,

about problems, or may be about the news. Sometimes there is role playing or acting out different situations. Once a patient who had been readmitted to the hospital and had been released again acted the part of a case aide who had been helpful on her second return home. Guided by the therapist, discussion may then turn to how people can learn and benefit from one another, or to other topics that help isolates become more sociable. The volunteers join in as freely as the patients. "I want them with us," says the psychologist, "because a volunteer is so helpful in a patient's transition from hospital to community, as the natural person, the sincere, direct representative of the community, more typical of the outside environment than any of us are."

In 16 rural communities of Virginia, where former State hospital patients live too far away to go back to the hospital for outpatient treatment and aftercare, community volunteers help them in many ways.

At one time, in Virginia, 55 percent of the patients formerly in State hospitals wound up, sooner or later, back in the hospital. This was largely because many lived too far away from the hospital or any outpatient clinic to go by themselves for supportive therapy or supervision of medication, or any of the other services they might need.

Western State Hospital in Staunton, which did not have the funds to employ enough social workers to follow up on these ex-patients, enlisted volunteers. In each of 16 communities, a "community volunteer" is delegated to be chairman of a "unit" program. She attends weekly staff conferences at the hospital, during which all the onetime patients in her unit are discussed. She assigns jobs to other volunteers, and herself visits some of the former patients regularly, in a neighborly way.

The community volunteer learns from staff how to recognize early symptoms of relapse, and the importance of getting to know each person well so that she will be able to notice slight but important changes in behavior. Perhaps someone is not really able to be on his own and ought to be taken to an outpatient clinic. Or, as frequently happens, he may need reminding to take the medicine prescribed. In some cases, volunteers even deliver the medicine to the patients' homes. For all this helpfulness, however, the aim is to have the former patients become as independent as they possibly can.

Volunteers often call on a patient's family before he returns home, helping to pave the way for understanding and acceptance. When necessary, they make arrangements with community agencies that might help out. They see to it that where clinics are accessible, appointments are kept, and they try to locate jobs for the mentally restored. One volunteer kept an elderly lady out of the hospital by arranging for her to go to a clinic in the next town, and transporting her there, because the patient did not like the clinic in her own town. Others ensure that the released patients go for routine checkups.

The theory and practice of the Western State Hospital community volunteer program seem to work. After the first 18 months of the project every one of the 75 ex-patients served was still living at home.

Volunteers at a community mental health center in Colorado are paving the way toward a total care system for their county.

An active volunteer program at the Joseph S. Gollob—Adams County Mental Health Center in Commerce City, Colorado, is so successful that a similar program is planned for other assistance to residents of the county. The center's 35 volunteers help patients discharged from the hospital and the center readjust to community life. They lead group activities such as museum trips, tours, shopping excursions, and parties. Local churches provide space for some activities, and some are held in private homes.

Since there is no public transportation in Adams County, volunteers also provide this important service.

The center estimates that volunteers, by assisting with patients, conserve at least ten percent of staff time.

A similar program, to cover the entire growing county, is planned in cooperation with Church Women United. Additional volunteers will be recruited and trained to man a referral system through which people needing help—emotional or otherwise—will be guided to an appropriate source.

Community Friends Project of the California Association for Mental Health helps convalescents adjust to community life after hospitalization.

Volunteers in several local chapters participate in a project to help people recovering from a mental or emotional illness during the difficult period of readjustment to community living.

Among patients who are ready to leave the State hospital or county mental health facility, staff identify those who might benefit from a Community Friend relationship, and send a special request form to the mental health association. The request is received by an MHA volunteer and is matched with a Community Friend who has completed special training. The volunteer friend then contacts the convalescent in the hospital or as soon as he returns home. The MHA recruits, interviews, selects, and trains the volunteers. They are assisted by volunteer supervisors, many of whom are retired professionals.

A social club for convalescing patients who have returned home from the hospital is run by volunteers.

Sponsored by the Jefferson County Association for Mental Health in Birmingham, Alabama, The Social Club gives convalescents something interesting to do, a place to make friends, an opportunity for assuming some responsibility, and a sense of belonging. Club rooms are open 6 hours, five days a week, including some evenings. Activities include singing, dancing, table games, Bingo, service projects, bowling, gardening, concerts, parties, and trips.

Local firms and agencies participate in the Day Care Community Activities program of a community mental health center in Minot, North Dakota.

Local facilities and employees of several firms and agencies in Minot help patients of the North Central Mental Health and Retardation Center. These include the Northern States Power Co., The Montana-Dakota Utilities Co., YWCA, Minot City Library, Minot Air Force Base Officers' Wives Club, Newberry's Department Store, the Ward County Office of Special Education, the

Coca-Cola Bottling Co., Bridgeman Dairies, and North Hill Bowl.

Begun by the center in 1968 to help meet the mental health needs of the five-county area, the volunteer program is based on the theory that social, recreation, education, and business resources of the community can be of therapeutic help to the mentally and emotionally handicapped.

For cooking classes, demonstration kitchens—and the home economists—of the utilities companies are made available to groups of patients. Hobby shops and other facilities of the YWCA are used. The North Hill Bowl donates four lanes weekly for patients' recreation. Patients use the library's reading and music rooms. Volunteers from the Officers' Wives Clubs provide transportation and escort. After their excursions, patients meet at the center for group therapy sessions.

Plans are underway to recruit various specialists in the community: a jeweler, to demonstrate appropriate china for entertaining; a cosmetologist and a hairstylist, to help with attractive grooming; a clothing store saleslady to demonstrate appropriate attire; a physical therapist, and a speech therapist. From a therapeutic point of view, knowledge of accepted home graces and personal grooming increases the patients' confidence.

✔ *Volunteers at the Prairie View Mental Health Center, Newton, Kansas, visit patients in their homes, and perform other services.*

Volunteerism at the Prairie View Mental Health Center, a nonprofit psychiatric service of the Mennonite Central Committee, is relatively new. So are several of the ways in which volunteers serve.

Some work directly for and with the community nurse. After general orientation to the center's program, they accompany the nurse on aftercare visits to patients in their homes. When they have had sufficient experience, they are given the responsibility of making regular visits themselves to assigned patients, writing up the nursing notes on each call. Periodically they confer with the community nurse. They also attend the center's monthly aftercare clinic for patients participating in social and group therapy meetings.

Prairie View volunteers also serve as aides in the form of therapy known as psychodrama, in which real-life situations are dramatized. Perhaps they represent to patients a familiar, "real world." Their participation has been found to be particularly helpful to low-income patients. Presumably, the volunteers, too, have known what it is to job-hunt, to face a tough interviewer, to worry about who will look after the children during working hours, so they carry conviction and empathy.

✔ *Inpatients at the Prairie View Mental Health Center are a special group of volunteers, helping children.*

In a "reverse gear" project, nearly half of the center's patients serve as volunteers at Newton's Northview Opportunity Center, where there is a daycare center for children aged five to 16 and a workshop for those 16 and up. Among the services are social and recreational programs, some teaching, and handicrafts. The patient-volunteers are assigned to help in accordance with their skills. They lead music periods, take children on walks, assist in the workshop, and otherwise help out.

In Indianapolis, a local mental health association recruits high school volunteers for service in a State mental hospital. The projects also stimulate interest in mental health careers.

The Marion County Association for Mental Health, Indianapolis, Indiana, reports a student volunteer program, started in 1961, which recruits high-schoolers for service in the city's large, 1800-bed State hospital. They are assigned to a variety of activities under the direction of the association's Hospital Services Director, in cooperation with the volunteer director of the hospital. During the school year, the students serve on Saturdays. During the summer months, they also work weekdays. Using their own special talents and interests, they help out in occupational and recreational therapy, children's services, and other services for patients' care and activities. In a Christmas Toy Shop Project, students collected toys and set up "shops" in three local psychiatric hospitals for patients who chose free gifts to send to their children and grandchildren.

Volunteer workers help reduce long waiting lists in Santa Clara County community mental health services, California.

A novel "intake" procedure reported by the outpatient psychiatric services of the Santa Clara County Community Mental Health Program, includes volunteers who welcome groups of applicants, answer questions, explain the services, and join in with the clinic's professional intake team. The team approach to diagnostic intake, simplification of tests and questionnaires, the group orientation of patients, and other steps to expedite admission to treatment, enable many more patients to be seen, diagnosed, and treatment started. (Simons, R.A., "Diagnostic Intake: Variation on a Theme." *Mental Hygiene*. Jan. 1970. Vol.54–1.)

Volunteers with different skills provide important services for patients at a community mental health center in Boise, Idaho.

Volunteers have a vital role in the Region III B Community Mental Health Center, where an active volunteer program includes training and overseeing many services contributed by local citizenry. Once a week, a beautician gives women in the daycare program hints on good grooming and helps them style their hair. Undergraduates from nearby Boise State College help at the center, some acting as "big brothers" for young patients. Several ministers contribute time by participating in group sessions, working with parents of young patients, and counseling married couples. Some patients themselves volunteer to lead classes, such as music appreciation and other social and recreational activities. The center reports that volunteers add the valuable ingredient of community care and concern.

For other examples, see Section, COMMUNICATION INVOLVEMENT PROGRAMS.

Helping Young Adults and Families

Hundreds of Denver citizens serve as probation aides to the court in Denver, Colorado, which assigns a counselor to each minor offender.

Volunteer counselors who devote time every week to listening and to giving personal guidance to people in trouble with the law, help keep minor offenders in Denver off the road that leads to serious crime.

Nationally, according to the National Council on Crime and Delinquency, 85 percent of State prison inmates who are there because of felonies, have records in lower courts for misdemeanors. Yet 95 percent of lower courts have no rehabilitative services, and no probation program. Where probation officers are employed, they usually have so many cases they can do only routine checking.

Nearly everywhere, drunks, glue-sniffers, brawlers, prostitutes, shoplifters and others brought before a lower court pay a small fine or go to jail for a few days only to repeat or worsen their offenses. The Denver City and County Court judges decided to alter this wasteful pattern by efficient use of volunteers. This had worked in some small communities but never before in a large city with complex problems.

The Court's probation program includes hundreds of volunteer counselors, one for each probationer, a relatively small staff of mental health professionals, and some paid probation supervisors. Only two percent of the convicted offenders now go on to State prison. From 90 to 95 percent have shown "gains of some sort." An 18-year-old high school dropout, for example, who had recurrent stays in jail for disorderly conduct, drunkenness, petty thievery, and traffic violations got a steady job, has a bank account at the bank he once planned

to hold up, and considers returning to school. A prostitute who had been brought to court repeatedly for years has a salaried job and goes to night school.

Such success stories are the result of a well-planned project. It begins at a clinic in the Courthouse building. Immediately after someone is pronounced guilty, but before he or she is sentenced, he is sent to the clinic. Nearly all the offenders are under 40, most are in their teens or twenties.

They may be guilty of a single offense, or have been arrested more than once in five years on any charge, or may have committed six or more traffic offenses such as reckless driving within two years. The judges, who are mental-health-minded, consider that such misdemeanors manifest "a persistent disregard for society" requiring attention and help before offenses grow more serious.

Psychologists at the clinic administer intelligence, aptitude, and other tests. Well-qualified social workers get histories. If an offender seems particularly disturbed, he may be examined by a consulting psychiatrist. The professionals discuss the cases at a staff meeting, and make their suggestions to the court the next morning. They may recommend jail, a fine, hospitalization, mandatory enrollment in alcoholism or driving courses, or a combination of measures. For more than half the offenders, they recommend probation.

Here is where the volunteer comes in. Hundreds of Denver citizens—men and women of various backgrounds, ages, and occupations—have enrolled to serve as counselors.

From professionals connected with the court they received briefings on character traits and disorders, backgrounds, community resources that might be helpful, counseling techniques, and warnings that they may encounter hostility from the offenders, testing out their capacity to "take it". They also receive special training at the University of Denver School of Social Work. Before a volunteer embarks on the job with a particular probationer, he is "matched" by staff. Matching does not mean like-to-like, but who can best serve whom. Thus, for example, a white male attorney was successfully assigned to a Negro prostitute, who was a narcotics addict, and a heavy drinker. A year earlier, she had tried to "go straight" by taking a department store job, but was fired when the store detective recognized her. The volunteer promised to intercede with any future employer, and did. He advised her on how to dress and conduct herself, and on drinking in moderation. Today she is married to a man who has a responsible job. The volunteer was a guest at the wedding.

Another volunteer was "matched" to a boy who needed a sympathetic father figure: his mother had been twice divorced. A middle-aged woman volunteer, who held a clerical position, was assigned to a 19-year-old divorcee, mother of two, who had many convictions of disorderly conduct. The young offender, abandoned in infancy, had led a sordid life. The volunteer found that the girl loved to sketch, encouraged her interest in art by taking her to exhibits and introducing her to artist friends, treated her as if she were her own daughter, and empathized through her own experience that "It's hard to work all day, then have to come home to take care of the kids." The girl arranged to attend night school, and has had no return to the court.

Some difficulties and persistent problems encountered by volunteers, and reflected in their monthly reports, require staff assistance. But during most one-year probation terms, they can work on their own. Despite the frustrations of the work, they report that most probationers realize that their counselors are motivated by kind, human concern.

✔ *In New Orleans, women in "Project Aware" serve the city's Probation Department as aides for juvenile delinquents and other young people brought to the attention of the court.*

Jointly sponsored by the Touro Mental Health Center, the Orleans Parish Juvenile Court, and the National Jewish Women's Council in New Orleans, Louisiana, "Project Aware" is concerned with a mental health approach to juvenile delinquency.

Council volunteers, trained at the center, serve both potential and actual delinquents, provide the Probation Department with consultation, and work to give the court and the community as a whole an awareness of aberrant youngsters' mental health needs.

Many of the youngsters are "drop-in" cases, not under court supervision. Usually they are brought in by mothers who seek court help. A volunteer assigned to the case interviews parent and child and consults the records of any other agencies the family may have used. She then recommends to the court whether or not the youngster should be under supervision and what measures seem desirable.

Reported, for instance, was a girl who had lied to her mother that she was pregnant, because she wanted to marry her boy friend. The mother wanted the court to prevent the marriage. The volunteer (and the professional who reviewed her opinion) recommended that the court need not intervene. The recommendation, instead, was that mother and daughter get counseling at the Touro Mental Health Center or the Family Service Association. In another case, a mother was distressed over her son who was continually getting into fights and wanted to drop out of high school. The root of the trouble, the mother believed, was that he missed his father, who had left home two years before. She hoped that the judge would order her husband's return. Realistically, the volunteer thought that the judge could not get the father back. Again, she advised counseling.

But counseling was only part of a volunteer's recommendation in another case. A runaway girl, who had been a shoplifter, had a particularly poor relationship with her father. Although she did not want to live at home, she had been put in her parents' custody. The volunteer advised putting the family under the jurisdiction of the court, with counseling at Touro for the girl and her father as a condition of probation.

Some formally adjudged juvenile delinquents also must go to the mental health center for help as a condition of probation. Volunteers work with them, too. They examine the court's records to determine the ages, identified problems, educational levels, and neighborhoods of all the children in Touro's area who had come to court attention. They act specifically as "probation aides" who assist probation officers, and generally as a liaison between the court and the mental health center.

✔ *An art program for boys from Booneville State Training School provides therapy and career interest in one of many volunteer projects at the Mid-Missouri Mental Health Center in Columbia.*

Volunteers give art instruction to boys who have the motivation and potential to benefit by it, in a project at the mental health center run in cooperation with the State Training School. The school provides transportation for the institutionalized youngsters. The classes provide an experience in community acceptance, self-control, self-expression, and creative achievement, as well as training for art-related careers.

Choosing their own subjects, the boys work with oils and water-colors, sculpt, and sketch. Using mallets and chisels on large salt blocks, they have created a gorilla, a mermaid, and other imaginative figures. During the first eight weeks of the course, they become acquainted with various media. After that, they may specialize in portrait painting, cartooning, sculpture, stencils, freehand, lettering, or as they wish.

A portfolio to show a potential future employer is an objective for the boys. Meanwhile, as student members, they may join the Missouri Craftsmen's Council, which provides outlets for their work, and announcements and newsletters about the world of art. The volunteer art instructor not only helps to rehabilitate these young social casualties with a kind of therapy, but with the hope of a practical means of earning a living.

✔ *Volunteers who participate in a program—Helpful Education for Parents—at the Alexandria Mental Health Center, Virginia, help other parents who have questions about their teenagers.*

Volunteers who have been "through it" as parents of teenagers share their experiences with other concerned parents and speak before local groups. "HEP" was originated by the mental health center as a walk-in consultation service. Parents of teenagers came to the center, and with no registration procedure, and without having to give their names, obtained free advice on questions about drugs, home discipline, school difficulties, lack of communication with their child, etc. To reach more parents, the center made the service available to local organizations. Currently, a social worker and two HEP volunteers go to PTA meetings at Alexandria schools, and meet with parents in church groups. Two professionals and two volunteers lead discussions. The volunteers relate their own experiences, and parents ask questions. Some are referred to the mental health center, other local agencies, or the family doctor. Frequently, the parent finds reassurance in learning that his youngster's behavior is just a normal part of growing up.

✔ *In a volunteer program at the Salt Lake City Mental Health Center, Utah, some volunteers serve for a time as a substitute parent for a troubled youngster.*

Volunteers willing to accept an assignment to help a particular troubled child may work with staff to help the child as a substitute parent. An example was the case of Betty, who at age 14 was motherless, pre-delinquent, a truant from school, and caught in rivalry with an older sister on whom her father depended. The father and sister

sought help at the mental health center, but Betty refused to go there. A volunteer was assigned to see her at home. Betty first ignored and later grew to like the woman from the center who visited with the girl and her friends. The father was helped, too, by the volunteer's example of firmness and understanding. The family's case at the center was soon closed, but for two years Betty's friendship with the volunteer continued. By that time, she had become better adjusted, had more friends, was seeing the school social worker about her problems, and enjoyed a happier home life.

✔ *A Volunteer Case Aide Program sponsored by the Junior League and United Fund in Canton, Ohio trains and places volunteers to serve the juvenile court, city schools, community mental health center, and other agencies.*

Volunteer case aides serve Canton's juvenile court as probation officers, aides to probation officers, and handle intake at the Juvenile Detention Home. They serve inner city elementary schools, by providing liaison between home and school, and assisting high school counselors. At the mental health center, they work with psychiatric social workers in home contact, assist in intake interviews and follow-up of appointments, join in recreational activities for clinic patients, and help in a special program for disturbed children. At the County Welfare Department, they assist case workers in the Department of Protective Services for Children, and help case workers involved in relocating families moved for urban renewal projects. For the Family Service Society, the aides help case workers with multi-problem families and aged persons.

The goals are to help agencies provide better service to increasing numbers of clients, to help provide more personal contact and empathy between the agency and the people served, to broaden community understanding of basic human needs and urban life, and to give people a chance to express their concern for others through satisfying service.

To enter the program, volunteers are required only to be willing to serve, to take instruction and supervision, and to commit themselves to a year's service, at least once a week. Training consists of 10 or 11 two-hour sessions covering concepts of social work and case work. During the program's first year, 64 volunteers enrolled.

Helping the Elderly

Volunteers in Newport, Vermont help elderly residents by visiting them in their homes and in nursing homes, and by running a sheltered workshop.

The volunteer program of the Northeast Kingdom Mental Health Service includes special assistance to senior citizens in the widespread rural area. Volunteers get to know lonely elderly people in their own homes and nursing homes, visit, remember their birthdays, give holiday parties, run errands, and otherwise provide assurance of personal interest. Those who are able to work in the sheltered workshop make a variety of useful articles for sale.

A club for elderly men and another for elderly women provide social activities for senior citizens in Brooklyn, New York.

A local businessman who contributed time and consultation to the Maimonides Community Mental Health Center persuaded friends to start an elderly men's club for the neighborhood, where a club for elderly women had flourished for some time. Volunteers help with excursions, parties, crafts and sewing classes, and other social and recreational activities. None of the club members are patients, but since isolation and loneliness can contribute to mental and emotional problems, center staff regard the social clubs as an important community resource, and provide consultation on request.

Teenage Bluebelles of the Wichita Mental Health Association in Texas serve senior citizens in nursing homes and the mentally ill in a nearby State hospital.

This program was started in 1962 to give teenage girls an opportunity to serve in nursing homes and in the Wichita Falls State Hospital, to gain an understanding of problems of

mental illness, and to acquaint them with careers in mental health. Each trained Bluebelle is given an assignment, and required to serve at least two hours a week. At nursing homes, she may escort patients to meals and chapel, bring food to patients, feed them, make beds, read to patients, play games with them, and help them with letter-writing. At the hospital, the young volunteers perform various services, including help with occupational and recreational therapy, help in the dentist's office, the x-ray department, the fashion shop, and help with receptionist, clerical, and other duties. The girls receive awards from the mental health association based on monthly reports of their service. They meet monthly within their own service group and also in a larger group called the Bluebelle Inter-Club Council.

The high school girls are recruited at school and in church youth groups. They receive a ten-hour training course which includes professional speakers and a tour of the hospital. At the completion of training, each girl is given an NAMH volunteer patch to wear on her uniform. The program has trained 850 girls, with approximately 175 volunteering in any one year for service in Bluebelle groups. A trophy goes annually to the group giving most service. A Mental Health Career Day is held once a year.

Plans are to place Bluebelles in Wichita Fall's new community mental health center.

✔ *Volunteers bring their own children along on visits to elderly people who are glad to act as grandparents.*

The Family Service Association of Cincinnati, Ohio reports a friendly visiting program whose unique feature is the value volunteers place on the aged person's acting as a grandparent to children who are brought along. Because of the distances between families today, many children grow up lacking the experience of regular contact with grandparents and older people. The Volunteer Bureau of Cincinnati recruits the volunteers for the program and the Community Council for the Aging sponsors the required orientation course. The volunteers work closely with the caseworker assigned to aid the elderly person.

✔ *A telecare service for elderly citizens who live alone is manned by trained volunteers at Community Hospital, Indianapolis.*

This Indiana program, operated six days a week, is undertaken by a hospital which plans to expand its mental health services. Elderly people, especially those living alone, register for the program and report by telephone daily. If by noon a person has not reported in, the volunteer calls him. If there is no answer, the volunteer then calls a relative, friend, or neighbor. The project coordinator, a minister, reports that the program has already prevented tragedy. Similar telecare projects are operating in other cities.

✔ *An Older Adults Council in Cumberland County, North Carolina operates a two-way program: help for senior citizens, and senior citizen volunteers.*

This program coordinates community resources and volunteer projects for helping the elderly, and also recruits elderly citizens to serve as volunteers in a variety of community services. Mainly, they help other senior citizens who are in hospitals, nursing

homes, rest homes, or otherwise in need of a helping hand. Funded by the Governor's Coordinating Council on Aging, local agencies, and contributions, the Cumberland County Coordinating Council on Older Adults, Inc., in Fayetteville, operates an information, referral, and volunteer office for older adults and their families. More than 50 volunteers a week are enrolled for community service, which includes friendly visitor programs. An excellent guide book to jobs in specific facilities and for specific community organizations is published by the Council to recruit volunteers of all ages for service to all age groups.

For other examples, see Section: COMMUNITY INVOLVEMENT PROGRAMS.

Those who wish to volunteer services for elderly citizens at home, in hospitals, community mental health centers, and nursing homes, may contact a local mental health facility, social service agency, mental health association, church, Council on Aging, or Volunteer Service Bureau.

St 31

Senior Citizens Volunteer

At Staten Island, New York a demonstration project for older volunteers in community service placed and trained 560 volunteers over a period of three years.

Retired men and women over 60 willing to serve once or twice a week in community agencies and organizations needing volunteer help were recruited from senior citizen clubs, churches, civic organizations, and other groups. Volunteer groups were developed to serve one day of the week in a selected agency. This group approach was a unique feature of project SERVE, (Serve and Enrich Retirement by Volunteer Experience).

Training included orientation and agency tours, specific assignments, and subsequent group meetings conducted by agency and SERVE staff. Reaching out into local neighborhoods to recruit groups of volunteers, the project used posters, car cards, brochures, a newsletter, newspaper publicity, and "look and see" group tours to local institutions and agencies, in which volunteers then served in various capacities.

At the end of the project's first two years, 420 of the 560 volunteers who enrolled were still giving active service. As a result of the project's success, its sponsor, the Community Service Society of New York, is conducting a consultation and guidance service throughout New York State to encourage local communities to develop similar programs. For the SERVE Newsletter and other publications, write to: Community Service Society of New York, Department of Public Affairs, 105 East 22nd Street, New York, New York, 10010.

The project was funded by a Research and Demonstration Grant, Administration on Aging, U.S. Department of Health, Education, and

Welfare, by the Community Service Society, and by private foundations and individuals.

✔ *"Neighbors United," a demonstration project at the University of Kansas mobilized elderly volunteers to help with community needs and improvements in their rural area.*

"Mobilization of Aging Resources for Community Service," a program funded by the National Institute of Mental Health, recruited 281 senior citizens for volunteer work in projects mainly suggested by an advisory board of senior citizens. These included: community beautification, friendly visiting, home-care study, counseling, United Fund work, and help with a Head Start program.

The project concluded that: Rural and small town residents aged 63 and over have talents they can and will use for community problem-solving. Programs which benefit the population at large bring more enthusiastic response from elderly volunteers than those serving only senior citizens. Rural elderly persons respond to opportunities for making decisions and implementing them.

Another senior citizen volunteer project, Cumberland County Council for Older Adults, Fayetteville, North Carolina, is described in the preceding section.

Senior citizens who wish to serve as foster grandparents, a paid service, can learn which local agency to contact by writing to: FOSTER GRANDPARENTS PROGRAM, ADMINISTRATION ON AGING, SOCIAL AND REHABILITATION SERVICE, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, 330 C ST. S.W., WASHINGTON, D.C. 20201.

P833

Emergency Telephone Services

✔ *24-hour emergency telephone services in more than 150 suicide prevention programs in the United States are manned by trained volunteers.*

Suicide prevention centers, established in major cities throughout the United States, and 24-hour emergency telephone services are sponsored or operated by community mental health centers and other local agencies and organizations. Many of these are manned by volunteers trained to respond to appeals for help, to recognize emergency situations, and to offer appropriate help. This may be immediate contact with a hospital, a doctor, a mental health professional, referral to another agency, or just lending a sympathetic listening ear. Mental health authorities today are convinced that people who are suicidal do plead for help, and that many can be saved from self-destruction if they have a place to turn.

Volunteers who wish to man emergency telephone services may contact their local mental health center, mental health association, or county public health department to learn if an emergency telephone service is operated in their community.

✔ *Teen Hot Line, an emergency telephone service sponsored by the Montgomery County Mental Health Association in Maryland, is manned by paid college students and young volunteers.*

A Teen Hot Line, which offers 24-hour emergency telephone service for teens with troubles over jobs, parents, health, pregnancy, drugs, and emotional "hang ups" is manned by volunteers who are supplemented by part-time paid graduate students from area universities. Based at the mental health association offices in Kensington, Maryland the Teen Hot Line is

backed up by a board of professional volunteers, including physicians, psychiatrists, and attorneys who are on call to answer questions. The service also provides information and referral to the various types of community services available for the troubled youngsters who telephone. The teen line is one of many being established in various communities.

✔ *Volunteer Emergency Telephone Counselors at the Milwaukee Mental Health Center answer many calls for help and referral.*

Always there is human interest, and often drama, in the calls answered by volunteer Emergency Telephone Counselors at the Milwaukee County Mental Health Center, Wisconsin. At the other end of the wire may be a worried mother; her son has locked himself into the bathroom and will he take medicines or cut himself with a razor blade? (The Counselor is reassuring. She will immediately call an appropriate community agency that is always open.) Or a young man who has recently moved into town asks where he can get help. Something must be wrong with him because he just doesn't feel able to cope with anything. (Probably the best thing to do would be to come to the diagnostic treatment center, the Counselor suggests, and tells him exactly how to locate it in the building.) Or a woman says she is afraid to go to work and leave her sister, a former mental patient, alone in the house, for the sister seems to have become quite disturbed again. (After asking a few pertinent questions, the Counselor recommends readmission to treatment).

Attorneys inquire about what should be done for clients who seem depressed or delusionary. Teachers and school social workers want to know how and where to get help for children suffering various difficulties. Former mental patients also call with questions. Some callers simply want information on the costs of mental health services.

In most instances, the volunteers can give confident and knowledgeable replies. Before they assume their telephonic responsibilities, professional staff members have taught them what kind of calls to expect, hospital procedures, and how to distinguish a genuine suicide threat. They have also been advised of the confidentiality of their role. For referrals, volunteers use a directory of community resources issued by the local mental health association. The telephone they answer is in the office of the center's Chief Psychiatric Social Worker. Although only about 5 percent of all calls are from persons who are suicidal, if such a call does come—or any other that a volunteer feels is beyond her depth and training—she can immediately put the social worker on the line.

✔ *A round-the-clock telephone life line for troubled people in any kind of crisis is manned by trained volunteers at the Greenville Area Mental Health Center, South Carolina. A Teen line is open several times a week.*

Among the country's community mental health centers, all of which provide 24-hour emergency services, the Greenville center operates an active volunteer program, Emergency Mental Health Services and/or Suicide Prevention Services. It is sponsored by the State Department of Mental Health and coordinated by a committee of physicians, clergy, social workers, and other helping professions.

About 50 volunteers serve in 4-hour shifts seven days a week.

Volunteers make inquiries directly to the center, are interviewed, and enrolled in a two-phased training program. In 30 hours of evening class work over a period of 9 weeks, they learn theories of crisis intervention and suicidology, techniques of problem solving, and are given reading assignments. The second phase involves familiarizing themselves with community resources. Concrete steps to take for particular types of crises are spelled out. They then meet periodically for further training.

To encourage teenagers to call the center if they need help, high school and college students maintain a telephone watch for young callers several times a week.

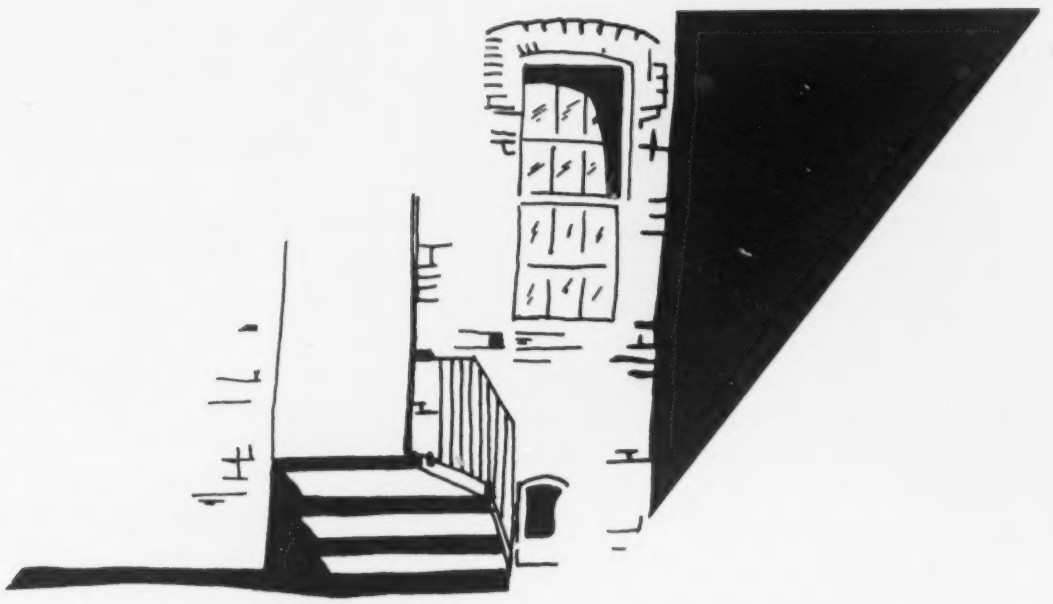
A round-the-clock crisis-intervention telephone service is manned by volunteers in their homes in Las Cruces, New Mexico.

The people of Las Cruces operate a telephone emergency service troubled residents can call any time of the day or night for immediate help at a time of mental or emotional crisis.

Manned by volunteers and sponsored by the Dona Ana County Council and the Southwest Comprehensive Mental Health Center, the service puts callers quickly in touch with a sympathetic ear and appropriate action.

The number to dial for help is listed in the local telephone directory and newspaper. The person in distress dials the emergency number and reaches an answering service which immediately relays his telephone number to a trained volunteer on duty at home. About a third of the calls require no further action, the crisis having been relieved by a chance to talk and some useful suggestions. Some are referred to the mental health center or to another agency listed in a local directory of resources. Special emergencies are handled by contacting the mental health center immediately, or by calling the local hospital.

The 28 volunteers in the program range in age from 22 to 70, and have diverse occupations. They first receive a day's training by a program coordinator, whose office space is donated by a local church. Additional training sessions are held monthly. The volunteers rotate 12-hour shifts during which they are on call.



Community Involvement Programs

A community involvement program at the Shreveport Mental Health Center, Louisiana, works like a chain letter—volunteers sponsor other volunteers, and many patients who are helped then serve as volunteers themselves.

In Shreveport, all patients on convalescent leave from the State hospital must report to the community mental health center. Some are able to go right back to their jobs or other duties, with only a monthly medical follow-up. Others need more aftercare and are expected to spend one day a week over an eight-week period in the center's Day Activity Program. Volunteers are in charge of various activities in which the "members" participate, such as discussion groups, crafts, singing, and bridge.

A unique feature of the volunteer work is that it is part of a "Community Involvement Program." This operates something like a chain letter, fanning out to include more and more volunteers. Volunteers recruit others, and patients who are "members" of the day program themselves volunteer to help others. The ultimate objective, according to the program's coordinator, is to make every citizen a mental health agent, the whole community a therapeutic milieu.

Volunteer group leaders at the center encourage patients to make the transition from being a "participant" to being an "involver." This means that instead of being self-absorbed you are interested in others, that you take responsibility to get them to join in whatever the group is doing, and that, in time, you may become the leader of another group, perhaps in the community. That group, in turn, spawns more leaders.

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One young woman, who had been depressed, alcoholic, and suicidal became an involver in the Day Activity Program, and then, volunteering at a neighborhood center, ran an arts and crafts program. Another patient had a history of mood swings. Following hospitalization, she became an involver in her day group, and then decided to establish a community chapter of Recovery, Inc. She went to a nearby city to be trained, leads a group meeting weekly in the local Y.W.C.A., and has trained several other group leaders. Other volunteers, who need more supervision, work in more routine jobs, or as assistants.

Many volunteers in the Community Involvement Program have neither worked for nor been enrolled at the center. For example, churches and other community organizations sponsor social clubs for former patients. Volunteers may make home visits to interest people in attending. Club sponsors encourage responsibility by assigning members such tasks as telephoning about meetings, making restaurant reservations, arranging for car pools, or bringing refreshments.

Again on the chain-letter principle, sponsoring volunteers act as consultants to new groups. Also, they encourage people they help to join other community groups such as Single Set, Parents Without Partners, Weight Watchers, and Golden Age Clubs. This does not mean that everyone must be a joiner to be normal. But some isolates, usually referred by Neighborhood Center workers, can be in the first stage of social breakdown.

There is a Teacher-Friend program: mothers of school-age children, and high school and college students in summer, give children one-to-one tutoring. Several men, recruited and screened by the center, act as big brothers to fatherless boys. A retired couple teaches square dancing. The services are many, with volunteers recruiting and involving others.

✔ *College students volunteer at the Boulder County Mental Health Center in one of many community services performed through their volunteer Clearinghouse, Inc., at the University of Colorado.*

College students sign up through their Clearinghouse for volunteers to offer services to various agencies in need of help in the Denver-Boulder area. Started by an undergraduate in 1965, Clearinghouse, Inc. grew in less than five years to an enrollment of 1000 students. During their university years, students can check with the Clearinghouse on campus to find out which community projects need volunteers. These projects are adopted in collaboration with agencies which provide the necessary training and receive the student's service regularly during the school year. Among other projects, students have worked in various capacities, at the Boulder County Mental Health Center, as probation aides for the juvenile court, and as tutors and aides for mentally retarded children. Operated by the students, Clearinghouse, Inc. offices are donated by the University, with its small budget funded by Student Government and alumni.

✔ *"Women on Watch," a volunteer group in Montgomery County, Maryland concerned about young delinquents and runaways, surveyed problems and needs to bring about local action.*

Community-minded members of the Potomac Women's Republican Club

formed Women on Watch in 1969 to spur nonpartisan and County action on behalf of young people in trouble in the middle-class suburbs. Women volunteers attended court to hear hundreds of cases of young offenders, and concluded in a report to the County's delegation to the State legislature that voluntary, County, and State agencies, including Boards of Education, should coordinate resources to handle and prevent widespread predelinquency and delinquency, and provide shelters for an increasing number of runaways. Their report, also submitted to the Governor, set forth priorities for action, including emergency shelter facilities, a locally based detention facility, facilities for emotionally disturbed children, State-level coordination, an ombudsman system to oversee the rehabilitation of juvenile delinquents, and State level coordination. An early result of the project, in which several other groups cooperated, was assignment of County property to a social service agency to be used as a shelter for adolescents. Action on other priorities brought to legislative attention is also being stimulated.

✔ *McPherson County Homemakers, a group started in Newton, Kansas by a mental health center and other local organizations, provides low-income mothers with home-making ideas and club membership.*

Volunteer-led, McPherson County Homemakers is a fast-growing club for low-income mothers which provides them with practical ideas for making their homes more pleasant and efficient. Among its sponsors is the Prairie View Mental Health Center, a nonprofit psychiatric service of the Mennonite Central Committee. Various local organizations, with the coordination of the Community Resources Council, originated Homemakers. Mental health and other professionals provide consultation for the project which is now run by volunteer church women.

The mothers attend fortnightly meetings during the school year. They are taught such pertinent subjects as budgeting, home management, grooming, simple household repairs and child care, sometimes with on-the-spot practice in window-washing or mending. They learn how to beautify their homes inexpensively, often with materials they have around the house. Members also enjoy games, group singing, and coffee hours and are encouraged to suggest program ideas and to serve as hostesses. The only criterion for membership is that one must participate, not just listen in or observe.

While the mothers are learning and socializing, their children learn and socialize, too. Since meetings are in church buildings, church nurseries are available. One volunteer who babysits regularly, is assisted by others. The children may learn something as rudimentary as to wash their hands before eating, or perhaps nothing specific, but in any case they have a happy, controlled group existence. "It's a kind of Headstart program on a small scale," a volunteer commented.

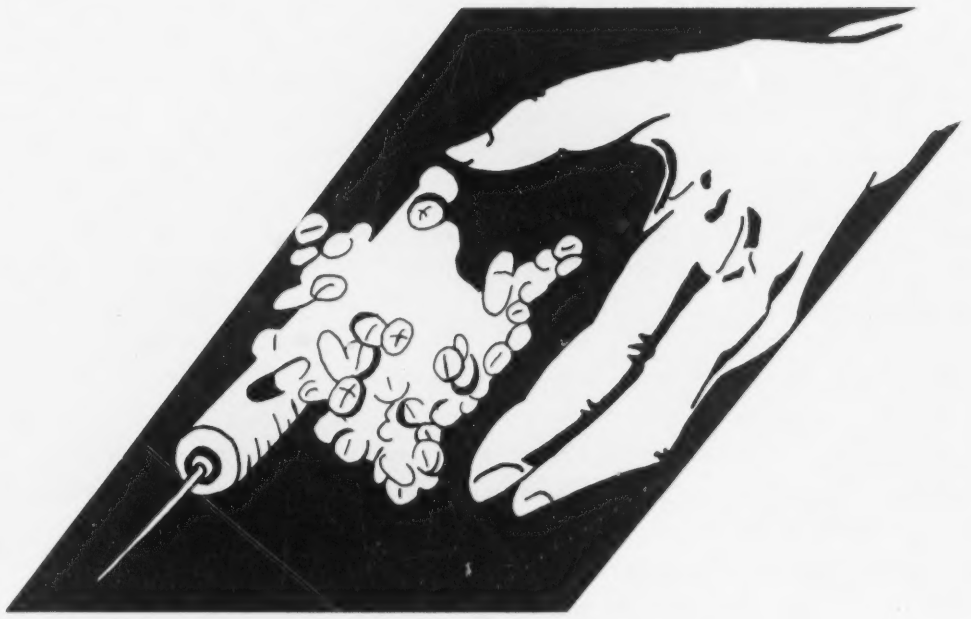
For both members and volunteers, the opportunity to meet with others who are different from one's own friends and neighbors has been fruitful. "Why, they're *friendly!*" exclaimed a member who at first had resisted what she expected to be "stuck-up" strangers. "The difference between 'we' and 'they' disappears remarkably at our meetings," according to the Homemakers' volunteer leader, who in

1968 received an award for her outstanding contribution in the field of mental health. She is convinced, moreover, that important though content is to the mothers, the real vitality of the group lies in the human interaction it brings about. "Similar groups, however structured, whatever their subject matter," she says, "could achieve similar ends."

✔ *Volunteer Mental Health Corps trained and sponsored by Montgomery County Mental Health Association, Maryland, serves the community in various capacities.*

A new program, funded by an anonymous donor, recruits and trains women to serve as psychiatric aides in various community facilities, and as Community Resources Volunteers in a public school pilot project. The volunteers also conduct Fashion Therapy courses at a nearby State hospital, and serve as PTA Discussion Group Leaders. Requirements for joining the Corps include a two-year commitment from each member for 100 hours of annual service, membership in the mental health association, and a pledge to devote the required hours to training. All services are rendered under professional supervision. The women have become spokesmen for the county's mental health needs, and some have grown interested in pursuing mental health careers.

(For other Community Involvement Programs, see project descriptions, other Sections.)



Citizen Action On Drug Abuse

In many communities, volunteers work with State or local programs for prevention of drug abuse.

For information about drug abuse prevention efforts in your community, get in touch with your local school board, police department, community mental health center, medical society, voluntary organization, or civic group. In many States and localities, citizens have formed committees or serve on local or State committees to help combat drug abuse.

PREVENTION. It is important for citizens to inform themselves on drug problems in their communities and to stimulate sound programs involving students, schools, parents, and others concerned.

Educational programs which stress the presentation of facts and which emphasize the use of small discussion groups to enhance communication between teachers, parents, and young people can be developed. In some communities, school boards sponsor the training and orientation of teachers in techniques of drug abuse education and the development of curricula for teaching students about the use and abuse of drugs.

For a *Community Guide to Drug Abuse Action,* write to the NATIONAL COORDINATING COUNCIL ON DRUG ABUSE EDUCATION AND INFORMATION, 1211 CONNECTICUT AVENUE, N.W., WASHINGTON, D.C. 20036.

For drug abuse information and educational materials—including posters, pamphlets, films, TV spots, teachers' workshop guides, school materials, and information about community action projects, write to NATIONAL CLEARINGHOUSE FOR DRUG ABUSE INFORMATION, Box 1701, WASHINGTON, D.C. 20013.

Suggested publications available from the Clearinghouse include:

DON'T GUESS ABOUT DRUGS, a partial list of materials available to your community. (National Institute of Mental Health).

A FEDERAL SOURCE BOOK: ANSWERS TO THE MOST FREQUENTLY ASKED QUESTIONS ABOUT DRUG ABUSE. (Joint publication, Departments of Justice; Labor; Defense; and Health, Education, and Welfare).

RESOURCE BOOK FOR DRUG ABUSE EDUCATION. Primarily for educators. Prepared by National Institute of Mental Health.

✔ TREATMENT AND REHABILITATION. Through clubs, organizations, and other groups, citizens can encourage the establishment of community treatment and rehabilitation programs for narcotic addicts and other abusers of drugs. For information concerning Federal assistance for narcotic addiction treatment and rehabilitation programs, write to the National Institute of Mental Health, Chevy Chase, Md. 20015. For information about local mental health services for drug abusers in need of help, write to your State Mental Health Department or contact your local or county public health agency.

✔ *High school students in Arizona's Dope Stop Program are trained to teach about drugs in elementary and junior high schools.*

Dope Stop is a preventive educational program in Phoenix, Arizona, sponsored by the Community Organization for Drug Abuse Control (CODAC). It relies primarily on volunteer high school students. These "teen counselors" are trained in the high schools to act as counselors to the 5th, 6th, 7th, and 8th grades. They give talks on a regular basis in the schools, and are available to answer pupils' questions. Training is done by doctors, psychiatrists, and "teen coordinators" who are ex-drug users. The "teen coordinator" also visits area high schools to talk about drugs and to encourage students to communicate with their parents. In addition, the teen volunteers hold panel discussions for parents in the evenings.

Community support and interest contribute greatly to the success of the program. Local news media have cooperated and the Kiwanis Club of Phoenix has donated money to help support the project. Funds are also raised by the students themselves who sell soft drinks and collect trading stamps.

✔ *The citizens of Appleton, Wisconsin have developed their own drug abuse program which they present to schools and community service groups.*

The Appleton, Wisconsin drug abuse program resulted from a fortunate meeting between the State Medical Society Division of Alcoholism and Drug Addiction, which was looking for a community in which to set up a pilot program, and a group of Appleton citizens looking for a community project to sponsor.

The Appleton project is based on the premise that drug abuse is a phenomenon in which both adults and youth are interested. Both need valid non-sensationalized information on drugs. Thus, the program has two objectives: to distribute accurate in-

formation about drugs, and to use this encounter to stimulate a broader dialogue, beyond the symptom of drug abuse, into the heart of the difficulties of modern society.

After two open meetings of citizens from various service clubs, a task force of 90 persons (30 adults and 60 high school and college students) was organized. Its first objective was to learn enough about drugs to participate on panels during a drug education program.

A program was developed which included a film, a pamphlet and a panel discussion. It is presented to community groups upon request, and has been presented in schools and service clubs throughout the community. The organizers believe any other community could use the same format if interested persons are available and willing.

✔ *A Statewide campaign against drug abuse, launched by the volunteer Oregon Alcohol and Drug Education Committee, stimulated action at the community level.*

Citizens from all walks of life and representing many professions, occupations, and organizations, were mobilized by Oregon Drug Alert, a one-day State-wide workshop held in Portland in November 1969. A comprehensive action program was developed. This included university seminars for physicians, teachers, clergy, and others concerned with the problem. Regional offices were set up for contact with local community groups, which were provided with guidelines for action, information, and proposals. Drug abuse education projects were undertaken by various local organizations, including service clubs such as Kiwanis, Jaycees, and Optimists. Further information about Oregon's drive against drug abuse may be obtained from the State Department of Mental Health, Alcoholism and Drug Section, 309 Southwest Fourth Street, Portland, Oregon 97204.

✔ *High school and college students in the Los Angeles area work in Project DARE (Drug Abuse Research and Education), a community service program financed through private contributions.*

This project was begun in 1965 by Dr. J. Thomas Ungerleider of the Neuropsychiatric Institute, University of California at Los Angeles, to meet the need for education and research in response to growing drug abuse in Southern California. The program offers the concerned citizen information, films, lectures, and panels to encourage understanding of the prevalent "drug culture," and a role in solving problems of drug abuse.

The young peope who work in DARE participated in producing an award-winning film, "Beyond LSD," produced an award-winning exhibit, a national radio series, and have organized a band. They attempt to reach adults to foster greater understanding and communication between the generations, and to other young people they illustrate positive and constructive activism, or "turning on" through community service rather than with the use of drugs. The project solicits contributions from citizens.

✔ *Anti-drug clubs, sponsored by Smart Set International, Hollywood, California, are formed by students throughout the country.*

In Hollywood, California, Smart Set International, Inc. has developed

a program based on the theory that a successful drug abuse prevention project must involve the adolescents themselves. Thus, Smart Set promotes the selling of non-drug use *to* adolescents *by* adolescents. The basic approach is to provide a kit of materials to be used in a school campaign. Students form "Smarteens Clubs" and pledge not to use drugs. The clubs' motto is SOS—"Stamp Out Stupidity," referring to the use of drugs. Smart Set also distributes an anti-drug newspaper, *Scene,* stressing popular teenage idols who are not drug users. Smarteens Clubs have now been organized in many states.

✔ *The Parents League of Houston, Texas has written a handbook on drugs for parents.*

The Parents League of Houston, a non-profit association of 2,000 parents of school-age children, surveyed the drug problem in their city. They found that although the actual number of Houston youth known to be involved with drugs was small, drug abuse was increasing. The Parents League, then, in cooperation with schools, professional organizations, news media, and leading citizens, published a handbook for parents, "Youth and Drugs." It provides parents with basic information on drugs, signs of drug experimentation, a summary of the legal consequences of drug use, and a guide to organizations in Houston offering help with drug problems.

✔ *In most major cities of the United States, ex-drug users volunteer in drug abuse education programs.*

In Columbia, Missouri, for example, several young ex-drug users join discussion panels sponsored by the State's Alcoholism and Drug Abuse Program. Panels on the dangers of drug abuse are part of a prevention and education program aimed at schools and colleges in the area, with the cooperation of the Mid-Missouri Mental Health Center.

✔ *"Aware Groups" of citizens in New York boroughs help the city's Addiction Services Agency attack problems of drug abuse. In the agency's Phoenix Houses for addicts, volunteers serve in many ways.*

The Addiction Services Agency of the City of New York reports the involvement of volunteers and citizen groups in programs for the treatment and prevention of narcotic addiction and other drug abuse.

Volunteers help the agency's Phoenix Houses by raising funds and obtaining donations for furnishings and other supplies to help enhance the treatment and rehabilitation of narcotic addicts. Following some orientation as to the needs of addicts in therapy and rehabilitation, volunteers also help out in activities such as teaching reading to the members of the Houses who have dropped out of school, and helping them find employment. The use of volunteers makes the program better known to the community.

In the city's neighborhoods, 30 "Aware Goups," formed through the Community Coalition Network of New York, are actively engaged in helping to combat drug abuse in their own vicinities. These citizens concerned about the problem meet weekly to determine what can be done in terms of their own neighborhoods, which range from ghettos to affluent sections of the city. They assess the scope of the problem in their neigh-

borhoods, identify resources, help organize discussion groups, meet with city authorities, help at the city's youth centers where drug abusers may seek needed care and services, and serve to help educate and alert the community about the problem and needed action. More than 2,000 citizens have served in "Aware Groups," and in another type of community group comprised of relatives of drug-abusers.

For further information about community involvement in programs of the Addiction Services Agency of the City of New York, write to: Commissioner, Addiction Services Agency, 71 Worth Street, New York, New York 10013.

Helping Alcoholics

Volunteers in the Mendicino State Hospital help women alcoholics regain social skills, and alcoholics volunteer to help meet community needs.

Women alcoholics often need help in regaining social skills. Members of the Beta Sigma Phi sorority volunteered to help these women feel more comfortable in returning to society. They sponsored an alcoholism ward at Mendicino State Hospital in California. As part of the program, the alcoholics were invited into the volunteers' homes for social get-togethers. Many of the alcoholic women were helped to overcome the feelings of loss of identity an alcoholic may experience in changing life styles.

Alcoholics at Mendicino are also working to change their own image by playing a part in meeting community needs. For example, one welfare recipient mother with nine children needed repairs on a leaking roof. Carpenters and other handymen enrolled in the alcoholism program obtained a donation of materials and roofed the house. Other men in the program volunteered to fix the faulty plumbing at an Indian ranch. For a children's home which had insufficient storage space, the patients built individual cabinets for the children's clothes and personal belongings.

Radio Spots, a speakers bureau, and a survey of high school drinking behavior are all volunteer activities in Rochester, New York.

Volunteers in Rochester, New York participated in a survey of teenage drinking attitudes and habits. They administered the survey, and collected and organized the data. A speakers' bureau of 32 volunteers has also been organized.

Speakers are drawn from Alcoholics Anonymous, therapists connected with treatment services, and the staff of the

Rochester Area National Council on Alcoholism.

Radio and television programs on alcoholism are also largely volunteer work. One TV panel discussion, by a doctor, a psychologist, an ex-alcoholic, and the Director of the Rochester Area National Council on Alcoholism, featured answers to telephone calls from the public. Several spot announcements, prepared by a businessman, a nurse, and a physician, all former alcoholics, have been aired on local radio stations.

Rochester volunteers are also important to the success of an early detection program, which encourages problem drinkers to seek help before they might suffer from alcoholism.

Volunteers perform a variety of services at a halfway house for alcoholics in Atlanta, Georgia.

At Saint Jude's Halfway House in Atlanta, Georgia, volunteers contribute needed services in the effort to rehabilitate alcoholics. Among these, they record group therapy sessions. The recorder distills the flow of the group process, concentrating on group interaction. The group leader then uses the record to evaluate the sessions and the long-term progress of each member, and determines which areas need further emphasis. Volunteers also help to furnish and maintain the facility. One person volunteered to give dance lessons to residents, to help bolster their confidence in their social skills. Volunteers are also preparing a slide show aimed at alerting the community to the lack of resources for alcoholics in Atlanta. A grant from the local Junior League will contribute to the development of the volunteer services.

In Cambridge, Massachusetts volunteers produced a play on alcoholism, and funded a new halfway house.

Volunteers in Cambridge produced a play "Lady on the Rocks," dealing with problems of alcoholism. In addition, they participate in training and follow-up programs, help raise money for halfway houses, and decorate the rooms of residents.

A local judge who is interested in the problems of alcoholism has organized a committee of other concerned citizens. They are now planning a new halfway house in the city.

Follow-up services for discharged alcoholics are rendered by specially trained volunteers.

Trained volunteers are key figures in helping alcoholics discharged from New York Hospital—Cornell Medical Center, White Plains, New York, to stay in the community. Their story begins back in the hospital.

A group of Volunteer Visitors, who are working on the admission services, are selected by the Director of Volunteers to study alcoholism and to learn about the local Alcoholics Anonymous and facilities for alcoholics, such as halfway houses.

While the volunteer is on the regular admissions schedule, doctors designate a certain patient or patients for her special attention. Whether by playing cards or ping-pong or bingo or talking, she makes particular efforts to establish a warm, welcome relationship. Then, shortly before discharge, the doctor invites the patient voluntarily to participate in the follow-through program. After the patient has left the hospital he is to telephone the volunteer on a regular schedule,

once, twice, or three times a week, as both arrange.

The volunteer is interested and supportive over the telephone, as she was when a visitor. Is he drinking? Taking his medication? Working steadily? Getting along at his job? At home? She records and evaluates each call. If there seems to be a crisis, she calls the doctor.

Sometimes a discharged alcoholic balks at calling, but does not object to having the volunteer contact his spouse, minister, boss, or a friend. But in one case the volunteer has been called regularly for over 18 months. In many other instances, the interest and backing of volunteers have helped discharged alcoholics safely through critical periods.

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